## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Elicotive December 8, 2004									1 20	10/014931			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	ITITY	OR		R THAN ENTITY	
U.	S. NATIONAL	STAGE FEES				·	7 [	RATE	FEE	7	RATE	FEE	
BASIC FEE			SMALL EN	ENT. = \$ 150		GE ENT. = \$ 300	1	BASIC FEE	+	OR		300	
EXAMINATION FEE			Satisfies PCT (4) = \$ 5	Article 33(1)-		other situations = \$ 100 / \$ 200		XAM. FEE	+	-	EXAM. FEE	100	
SEARCH FEE			U.S. is ISA =	ISA = \$50 / \$100 other countries = \$200 / \$400		1 other situations = \$ 250 / \$ 500		SEARCH FEE	-		SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.				minus 100 =		/ 50 =		X \$ 125 =	<del>                                     </del>	1	X \$ 250 =	100	
TOTAL CHARGEABLE CLAIMS			( m	ninus 20 =	*			X \$ 25 =	<del>                                     </del>	OR	X \$ 50 =	<del> </del>	
INDEPENDENT CLAIMS			/ ,	minus 3 =	*		-	X \$ 100 =	<del> </del>	OR	X \$ 200 =	<del> </del>	
MUI	TIPLE DEPEN	IDENT CLAIM PR	ESENT				-	+ \$ 180 =	<del> </del>	OR	+ \$ 360 =	<del> </del>	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	<del>                                     </del>	OR	TOTAL	CIA()	
	<u> </u>	(Column 1)  CLAIMS REMAINING AFTER	AMENDED	(Column 2) (Column HIGHEST NUMBER PRESEN			Γ	SMALL E	ADDI-	OR	OTHER SMALL	ADDI-	
AMENDMENT /		AMENDMENT	·	PREVIOU PAID F		EXTRA	L	IVATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	<u> *</u>	Minus	***		=	)	<b>K \$ 100 =</b>		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+ \$ 180 =		OR	+ \$ 360 =		
							TC	FEE		OR	TOTAL ADDIT. FEE		
•	-	(Column 1)		(Column		(Column 3)		•					
꿃		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* .	Minus	**		=	<b>\</b>	<b>( \$ 25 =</b>		OR	X \$ 50 =	-	
	Independent	*	Minus	***	:	=	×	\$ 100 =		OR	X \$ 200 =	40 . 12 . 12 . 13 . 14 . 14 . 14 . 14 . 14 . 14 . 14	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\$ 180 =		OR	+ \$ 360 =		
TOTAL ADDIT.										OD 1	TOTAL ADDIT.		

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.